Social Worker License Application Packet

Contents:

Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Social Worker Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms.

☐ **Do you hold a credential in Washington State?** Check yes or no. If you do hold a credential in Washington State, please provide your license number.

☐ **Application Fee.** This fee is non-refundable. You can check the **fee page** for current fees.

☐ **1. Demographic Information:**
Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name, first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See **WAC 246-12-310**.

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.

☐ **2. Personal Data Questions:**
All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer "yes" to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority

☐ **3. Other License, Certification, or Registration:**
List in date order **all** states, including Washington State, where credentials are or were held. Specifically list credentials granted by examination, endorsement, or grandparenting.

An Out-of-State Credential Verification form is enclosed and must be sent to each state listed above. Enter your full name and birth date at the top of the form so the state may identify you. Also contact each state board listed for any fees they might charge you for processing the verification form.

☐ **4. Education:**
List in date order your educational preparation and post-graduate training. If you need more space, attach a sheet of paper.

☐ **5. Experience:**
ASWB's advanced or clinical is acceptable for a license in Washington State. Applicants applying for Licensed Advanced Social Work will be required to pass the advanced exam. Applicants applying for Licensed Independent Clinical Social Work will be required to pass the clinical exam. The state you took either the advanced or clinical exam must verify your score or provide written verification.

☐ **6. Examination Data**

If you have taken the **ASWB** examination, you are considered to have met the examination requirement. You must get written verification from **ASWB**, sent **directly** to the department.

☐ **7. AIDS Education and Training Attestation:**
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in **WAC 246-12-270**.

☐ **8. Continuing Education Attestation:**
Complete 36 hours of continuing education, with six in professional ethics. See **RCW 18.225.090**.

☐ **9. Applicant's Attestation:**
You must sign and date this for us to process the application.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at **http://www.doh.wa.gov/hsqa/professions/military/** and include supporting documentation with your application.

Experience Requirement

Licensed Advanced Social Worker

Minimum of 3,200 hours with 90 hours of supervision by a licensed independent clinical social worker or a licensed advanced social worker who has been licensed or certified for at least two years. Of those hours, 50 hours must include direct supervision by a licensed advanced social worker or licensed independent clinical social worker; the other 40 hours may be with an equally qualified licensed mental health practitioner. Forty hours must be in one-to-one supervision and 50 hours may be in one-to-one supervision or group supervision. Distance supervision is limited to 40 supervision hours. Eight-hundred hours must be direct client contact.

Licensed Independent Clinical Social Worker

Minimum of four thousand hours of experience, of which 1,000 hours must be direct client contact, over a three-year period supervised by a licensed independent clinical social worker, who has been licensed or certified for at least two years. Supervision must include at least 130 hours of the total supervision, 70 hours must be with an independent clinical social worker; the other 60 hours may be with an equally qualified licensed mental health practitioner. Sixty hours must be in one-to-one supervision and 70 hours may be in one-to-one supervision or group supervision. Distance supervision is limited to 60 supervision hours.

Examination Information

Once you have been approved to take the examination, you will be sent an approval letter. This letter gives you information on how to register for the examination. You will be taking the examination directly from the American Association of Social Work Boards (ASWB). The department receives score reports within six weeks of administration from the testing company.

National Certification

In accordance with **WAC 246-809-321**, persons who have obtained the Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW), Diplomate in Clinical Social Work (DCSW), or Qualified Clinical Social Work (QCSW), from the National Association of Social Workers (NASW) shall be considered to have met the education and postgraduate experience requirements to be eligible for Washington State license examination.

Documentation must be sent directly from the NASW to the Department of Health.

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Washington State Department of Health

Background Check Stamp Here

Date Stamp Here

Revenue: 0207040000

Social Worker License Application

Check only one: ☐ **Advanced** ☐ **Independent Clinical**

Do you hold a credential in Washington State? ☐ No ☐ Yes If yes, license # _____

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

☐ Male
☐ Female

Name	First	Middle	Last

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address:

Mailing address (if different from above address of record)

City	State	Zip	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

For Office Use Only

License # _____ Issue Date _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. ☐ ☐

   "Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

   If you answered yes to question 1, explain:

   1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

   1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

   Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

   The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

   "Currently" means within the past two years.

   "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

   "Currently" means within the past two years.

   Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

   Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ☐ ☐

   Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

   To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ..... ☐ ☐

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ..... ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceeding to have:

a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ..... ☐ ☐

b. Diverted controlled substances or legend drugs? ..... ☐ ☐

c. Violated any drug law? ..... ☐ ☐

d. Prescribed controlled substances for yourself? ..... ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? . ..... ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ..... ☐ ☐

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ..... ☐ ☐

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? ..... ☐ ☐

3. Other License, Certification, or Registration

List all states, including Washington State, where credentials are or were held.

State	License/Certification/Registration Type	License/Certification/Registration		Method Licensed		
		Year Issued	Number	Exam	Endorse	Grand Fathered

An Out-of-State Credential Verification form is enclosed and must be sent to each state listed above. Enter your full name and birth date at the top of the form so the state may identify you. Contact each state board listed for any fees they might charge for processing the verification form.

4. Education

Provide a date order listing of graduate school(s) attended, major, month, and year the degree was granted. Request your transcripts from the graduate school(s) you attended, and have the graduate school send **directly** to the Department of Health, Social Worker Credentialing per instructions.

Graduate School	Degree Granted		Degree and Major
	Month	Year	

5. Experience

List all experience in date order.

Indicate Type of Experience or Practice and Location	Inclusive Dates of Experience	
	Entrance Date (mm/yyyy)	Leaving Date (mm/yyyy)

6. Examination Data

Have you taken and passed the Association of Social Work Boards (ASWB) advanced or clinical level examination? ☐ Yes ☐ No _____

☐ Advanced Level ☐ Clinical Level _____ Date _____

7. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested.

I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.

☐ School curriculum
☐ Employer/Other

Applicants Initials	Date

8. Continuing Education Attestation

I, _____, declare I completed 36 hours of continuing
(Print applicant name clearly)

education, with six hours in professional ethics.

Applicants Initials	Date

9. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

by: _____
(Signature of applicant)

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Washington State Department of Health
Social Worker Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360.236.4700

Out-of-State Credential Verification

Applicant Name: _____Birth Date: _____

I,_____ ,Secretary of _____ ,

hereby certify _____

was granted state: ☐ Registration ☐ Certificate ☐ License

Number:_____to practice _____

in the State of _____ on the_____ day of _____ , 20_____ .

Legal/Disciplinary Action: ☐ Yes ☐ No If Yes, explain: _____

_____

On the basis of:☐ **Successfully passing the Association of Social Worker Board's**

☐ Advanced ☐ Clinical Exam Enter Score _____

☐ Successfully passing the required state constructed exam.

☐ Grandfathered.

☐ Other (Explain)

Requirements at time of: ☐ Registration ☐ Certificate ☐ License

_____

_____

Status of License: ☐ Current Expiration Date: _____ ☐ Expired Date _____

Acting In Behalf of the:

Official Name of Board_____

Secretary _____

Date Certification Prepared _____

Seal

Return this form to address listed above

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Washington State Department of Health
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P.O. Box 47877
Olympia, WA 98504-7877
360.236.4700

Verification of Social Worker Supervised Postgraduate Experience

Licensed Advanced Social Work (LASW) means the use of social work theory and methods including emotional and biopsychosocial assessment, psychotherapy under the supervision of a licensed independent clinical social worker, case management, consultation, advocacy, counseling, and community organization.

LASW will only allow you to practice under supervision and is designed for people working in agencies, hospitals, schools, or other institutions. If you choose to become LASW, you will have to reapply to become an LICSW if you practice under the definition of an LICSW in the future.

Licensed Independent Clinical Social Work (LICSW) means the diagnosis and treatment of emotional and mental disorders based on knowledge of human development, the causation and treatment of psychopathology, psychotherapeutic treatment practices, and social work practice as defined in advanced social work. Treatment methods include but are not limited to diagnosis and treatment of individuals, couples, families, groups, or organizations.

LICSW will allow you to practice independently or in an agency setting.

The information listed below must reflect only supervision completed post-graduate. Experience not gained with appropriate supervision will **not** count toward the supervised post-graduate experience.

Applicant:

Use a separate form for each supervisor verifying your postgraduate supervision and professional experience for each practice setting. This form may be duplicated. Fill in section 1 and forward the verification form to the supervisor for completion

1. Print or Type Clearly:

Name Last	First	Middle	Birth date (mm/dd/yyyy)
Address			
City	State		Zip Code

2. Postgraduate Supervised Experience for Advanced Social Worker:

Applicants must have completed a minimum of 3,200 hours of experience. Of those hours, 90 hours must be supervised by a licensed independent clinical social worker or a licensed advanced social worker who has been licensed or certified for at least two years. Of those hours, 50 hours must include direct supervision by a licensed advanced social worker or licensed independent clinical social worker; the other 40 hours may be with an equally qualified licensed mental health practitioner. Distance supervision is limited to 40 supervision hours.

Months of Supervision	From mm	dd	yyyy	To mm	dd	yyyy

Indicate number of hours of direct client contact (800 hours required) ..... _____

Indicate number of hours of one-on-one supervision ..... _____

Indicate number of hours of group supervision ..... _____

Total number of hours 3,200 hours required ..... _____

3. Postgraduate Supervised Experience for Independent Clinical Social Worker:

Applicants must have a minimum of 4,000 hours of experience over a three-year period supervised by a licensed independent clinical social worker who has been licensed or certified for at least two years. They must have supervision of at least 130 hours. Of the total supervision, 70 hours must be with an independent clinical social worker; the other 60 hours may be with an equally qualified licensed mental health practitioner. Distance supervision is limited to 60 supervision hours.

Months of Supervision	From mm	dd	yyyy	To mm	dd	yyyy

Indicate number of hours of direct client contact 1,000 hours required ..... _____

Indicate number of hours of one-on-one supervision ..... _____

Indicate number of hours of group supervision ..... _____

Total number of hours 4,000 hours required ..... _____

4. Supervisor:

The above individual seeks license as an Advanced Social Worker or Independent Clinical Social Worker in Washington and requires verification of postgraduate supervision and postgraduate professional experience. Please complete the following:

Supervisor Name		Current Phone Number (10 digit #)
Current Address		
City	State	Zip Code
License Number	Date (mm/dd/yyyy)	

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if it is needed, to evaluate the application of the individual named on this document.

Signature _____ Date _____

Return this form directly to the address listed above.

Washington State Department of Health
Social Worker Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360.236.4700

Approved Supervisor
Licensed Social Worker

To the Supervisor:

In accordance with **RCW 18.225.090**, to provide supervision to a LASW one must be licensed or certified for at least two years. To supervise a LICSW one must be licensed or certified for at least two years.

Please review **WAC 246-809-334**. To supervise a license candidate, you must hold a license without restrictions and have been in good standing for at least two years.

You shall not be a blood or legal relative or cohabitant of the license candidate, license candidate's peer or someone who has acted as the license candidate's therapist within the last two years.

Prior to the commencement of any supervision you must provide the license candidate this declaration, stating you have met the requirements of **WAC 246-809-334** and you qualify as an approved supervisor.

As an approved supervisor, I attest I have completed the following:

A minimum of fifteen clock hours of training in clinical supervision obtained through:

- A supervision course.
- Continuing education credits on supervision.
- Supervision of supervision.
- Or any combination of these.

And twenty-five hours of experience in supervision of clinical practice

And has two years of clinical experience post license.

I attest I will gain thorough knowledge of the supervisee's practice activities including:

- Practice setting.
- Recordkeeping.
- Financial management.
- Ethics of clinical practice.
- A backup plan for coverage.

Declaration of Supervision – must be completed by Supervisor and provided to license candidate prior to the commencement of supervision in accordance with **WAC 246-809-334**.

I,_____ am licensed as a _____ in the
(Name of Supervisor)

State of _____ with license number_____

I attest to _____ that I have read and met all the
(Name of Candidate)

requirements in connection with **WAC 246-809-334**.

Signature of Supervisor _____Date_____

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act..... RCW 18.130

Administrative Procedure Act ..... RCW 34.05

Administrative procedures and requirements ..... WAC 246-12

Licensed Social Worker RCW ..... RCW 18.225

Licensed Social Worker WAC..... WAC 246-809

Standards of Professional Conduct ..... WAC 246-16

On-Line

AIDS Training Resources ..... Reference Page

Social Worker Program ..... Web Page